

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

~~1045~~ CLAIM

SERIAL NO.

**APPLICANT(S)**

**APPLICANT(S)**

10-873) ~~100000~~ CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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21						1
22						1
23						1
24						1
25						1
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34						
35						
36						
37						
38						2
39					1	
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.					2	
TOTAL DEP.					11	
TOTAL CLAIMS					13	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						